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SECRETARY OF STATE
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COVER LETTER

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Tallahassee, FL 32314

TO: Registration S Division of Co				
	ESTMENTS LLC			•
SUBJECT:	Name of Lim	ited Liability Company		-
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
	ondence concerning this matter	_		
	ANDRES HURTADO			
		Name of Person		_
	PRODEZK INC			
	-	Firm/Company		
	848 BRICKELL AVE STE	E 950		
	-	Address	-	_
	MIAMI, FL 33131			2022 SE1
		City/State and Zip Code		OCT ORET
	INFO@PRODEZK.COM			
For further information	concerning this matter, please c	to be used for future annual rep- all:	ort notification)	2022 OCT -4 PH 3:
ANDRES HURTADO			77 9421	3: 11 3: 11
Name	of Person	at () Area Code	Daytime Telephone Numl	
Enclosed is a check for	the following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Certifi ed) Certifi	Filing Fee, Scate of Status & Sed Copy Snal copy is enclosed)
<u>Mailing Addre</u> Registration Division of			ress: on Section of Corporations	
P.O. Box 63			e of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co	ompany as it now appears on our records ited Liability Company)	<u>s.</u>)	
(A Florida Eliti	ned Balomy Company)		
The Articles of Organization for this Limited Liability Comp	pany were filed on 01/31/2022	and assign	ied
Florida document number L22000052824			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
			
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC"	" or the abbreviation "L.L.C	••
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS	<u> </u>		
-		202 SE	
		20/2 OCT SECRET	
Enter new mailing address, if applicable:			_
		50000000000000000000000000000000000000	55.3
Mailing address MAY BE A POST OFFICE BOX)			-
		- ကိုဟု ထူ "=	
B. If amending the registered agent and/or registered of	Considerant on our records enter	the name of the new re	eni
is. It amending the registered agent and/or registered off agent and/or the new registered office address here:	nce address on our records, enter	the name of the new ro	CZI.
Name of New Registered Agent:			
Name of New Registered Figure.		<u>-</u>	
New Registered Office Address:	Enter Florida street addres.	s	
	Fil.		
	, FIG	orida Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	JORGE A. GIRALDO BOTERO	19301 W DIXIE HWY #2615	∃ Add
		MIAMI. FL 33180	□Remove
			□Add
			□Remove
			SECRE 11
			HARY OF Remove &
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ective date, if other than the din effective date is listed, the date must be te: If the date inserted in this blockument's effective date on the Department of the date and delayed effective ecord specifies a delayed effective	be specific and cannot be prior to the does not meet the application bartment of State's records.	o date of filing or more the ble statutory filing rec	quirements, this da	ng.) Pursi ite will r	iot be listed
s filed.					
	2022	<u></u> .			
ted September 28th					